



AMENDMENT TRANSMITTAL LETTER							Docket No. M0925.70094US0	
Application No. 10/764,768-Conf. #9737				Examiner		Art Un		
		January 2	26, 2004		D. Truong		1711	
plicant(s): Tim	othy M. Swage	er et al.			<u> </u>			
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	Claims	CLAIM Highest	S AS AMENI	DED		<u> </u>		
	Remaining After Amendment	Number Previously Paid	Number Extra Claims Present	F	tate			
Total Claims	46	- 20 =	0	X	25.00		0.00	
Independent Claims	3	- 3 =	0	X	100.00		0.00	
Multiple Depend	dent Claims (ch	eck if applicabl	e)					
Other fee (please specify): Statutory Disclaimer Extension for Response within First Month							65.00 60.00	
TOTAL ADDIT							125.00	
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A check in the				the filing	fee is encl	osed.		
Payment by	credit card. Fo	orm PTO-2038	is attached.					
X The Director	is hereby auth below. A dup					o. <u>23</u>	/2825	
as described		nt						
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PTO/SB/92 (09-04)
Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Application No. (if known): 10/764,768

Attorney Docket No.: M0925.70094US01

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Fee Transmittal Amendment in Response to Non-Final Office Action

Amendment Transmittal

Terminal Disclaimer by Applicant Attorney

Check in the amount of \$125.00 Request for Extension of Time

JAN 1 6 2007

PTO/SB/17 (07-06)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Application Type	Effective on 12/08	/2004.	Complete if Known									
First Named Inventor Timothy M. Swager Examiner Name Dr. Truong Timothy M. Swager Examiner Name Dr. Truong Timothy M. Swager Examiner Name Dr. Truong Timothy M. Swager To Truong Timothy M. Swager To Truong		Application Number	er 10	· · · · · · · · · · · · · · · · · · ·								
Examiner Name	FEE TRANS	Filing Date	Ja	January 26, 2004								
Application Type Fee (s) Fee (First Named Inven	tor Ti	Timothy M. Swager								
METHOD OF PAYMENT (check all that apply) X Check Gredit Card Money Order None Other (please identify):	101112	Examiner Name D. Truong										
METHOD OF PAYMENT (check all that apply) X Check Credit Card Money Order None Other (please identify):	X Applicant claims small entity state	Art Unit 1		1711								
X Check	TOTAL AMOUNT OF PAYMENT	Attorney Docket No. M0925.7009			IS01							
Deposit Account Deposit Account Number: 23/2825 Deposit Account Name Wolf, Greenfield & Sacks, P.C.	METHOD OF PAYMENT (check all that apply)											
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee (e) charge fee(s) undicated below, except for the filing fee (e) charge fee(s) under 37 CFR 1.16 and 1.17 FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Application Type Fee (\$) Fee Paid (\$) Utility 300 150 500 250 200 100 Design 200 100 100 300 150 160 80 Reissue 300 150 500 250 600 300 Provisional 200 100 0 0 0 0 0 0 0 2. EXCESS CLAIM FEES Each independent claims Fee (\$) Fee	X Check Credit Card Money Order None Other (please identify):											
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayment of X Credit any overpayments Credit any overpayments Credit any overpayments X Credit any overpa	Deposit Account Deposit Account Number: 23/2825 Deposit Account Name: Wolf, Greenfield & Sacks, P.C.											
X Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 X Credit any overpayments	For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)											
Tee(s) under 37 CFR 1.16 and 1.17	Charge fee(s) indicated	d below	Charge for	ee(s) indic	ated below, ex	cept for th	e filing fee					
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Application Type												
Note Part	1. BASIC FILING, SEARCH, AND EXAMINATION FEES											
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Multiple dependent claims Total Claims Extra Claims A6 - 20 = 0 x 25.00 = 0.00 HP = highest number of total claims paid for, if greater than 20. Indep. Claims 3 - 3 = 0 x 100.00 = 0.00 HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof (round up to a whole number) x = 4. OTHER FEE(s) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 2814 Statutory Disclaimer 65.00 2251 Extension for response within first month Registration No. (Altorney/Agent)	Each claim over 20 (including Reiss	ues)				50	25					
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(Attorney/Agent) 30,020 Telephone (017) 040-0000	SUBMITTED BY	, , , , , , , , , , , , , , , , , , , ,										
	Signature			6,628	Telephone	(617) 646	-8000					
						Date January 12, 2007						